

CHECK-LIST

Application NO:

Applicant Name:.....

Applied for the Post:

The following documents are enclosed as mentioned in the below serial order.[Page Number should be indicated on both sides of the sheet].

అభ్యర్థి తాను జతచేయవలసిన డాక్యుమెంట్లు దిగువ తెలిపిన వరుస క్రమములోనే జతచేయవలను. వరస క్రమంలో జతచేయకపోయినా లేదా జతచేయవలసిన డాక్యుమెంట్లు జతచేయక పోయినా దరఖాస్తు తిరస్కరించబడును. ప్రతి పేపర్ కీ రెండు వైపులా పేజీ నెంబరులు వేయవలెను.(అప్లికేషన్ తో సంబంధిత డాక్యుమెంట్స్ ను ఖచ్చితముగా ట్యాగ్ చేయవలయును). (మ1:30 గం నుండి 2:00 గం వరకు

లంచ్ టైం)

S-No	Name of the Document జత చేయవలసిన సర్టిఫికెట్లు	Enclosed? [Y/N] జత చేశారా ఔను /లేదు	No. of Sheets మొత్తం పేపర్ల సంఖ్య
1	Check-List		
2	Application		
3	Social Status		
4	4 th to 10 th Class Study Certificate		
5	SSC Marks List		
6	Inter marks List [Inter Vocational Candidates should submit Both Inter Marks and Bridge Course Marks]		
7	All Years Passed Marks lists of qualified course i.e. Physiotherapy Degree for physiotherapist posts/Auxiliary nurse Midwife course marks list issued by the recognized Government Medical institution		
8	Valid Registration Certificate of qualifying course		
9	Renewal Certificate of qualifying course		
10	03 years experience certificate in Physiotherapy centre/hospital for ANM/Nurse post.		

Checked by

Signature of the Applicant:

Signature:

Date:

Mobile No:

Name:

Designation:

GOVERNMENT OF ANDHRA PRADESH
KING GEORGE HOSPITAL, VISAKHAPATNAM DISTRICT
APPLICATION FORM

Paste latest
Passport size
photograph and
sign across it

Application No:
To be filled by Office)

Post for which Application made:

1.	Name of the Candidate								
2. a	Name of the Father								
2. b	Name of the Mother								
2. c	Name of husband / Wife (if married)								
3.	Gender (M/F/TG)								
4.	Date of Birth (DD/MM/YY)	/ /							
5.	Social Status (Please Tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
6. a	Whether Physically Handicapped (Please tick)	YES / NO							
6. b	If yes please mention the category (Please tick) [SADAREM certificate should be enclosed]	VH / HH / OH/							
7.	Whether Category of Ex- servicemen/ Sports	YES / NO							
8	Local Status [4 th to 10 th study certificate]								

DETAILS OF SCHOOL EDUCATION:-

CLASS	YEAR OF PASSING	Name of the School and Place of Study	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NONLOCAL. స్టడీ సర్టిఫికేట్ లో స్కూలు మరియు జిల్లా ఇతర వివరాలు స్పష్టంగా కనిపించవలెను.

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Name of the Qualifying Examination Tick (✓) and specify:

(Physiotherapist/Nurse/**ANM** post):

Year of passing:

Registration No:

Renewal valid Up to:

01.02.2021 తేదీ నాటికి అర్హత లేని రెన్యూవల్ సర్టిఫికేట్ ను తిరస్కరించబడుతుంది..

Year of Passing	Total Marks	Marks Obtained	% of Marks obtained
SSC			
Intermediate			
Physiotherapy Degree			
Auxiliary Nurse Midwife			
Bridge course marks			

ADDRESS PARTICULARS:-

S.No	Description	Particulars
1	Applicant Name	
2	Father/Husband Name	
3	Door. No.	
4	Street	
5	Village	
6	Mandal	
7	District	
8	PIN	
9	Mobile-No	
10	Email-ID	
11	Aadhar NO	

11. Experience Certificate in physiotherapy centre/hospital for Nurse/ANM post. (Copy should be Enclosed)

Sl. No.	Name of the Hospital/Physiotherapy center	Experience		No. of years completed
		From	To	

DECLARATION

I, Smt/ Kum/Sri. _____ D/o,S/o _____

Certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at later date my candidature may be cancelled summarily.

Name and Signature of the Candidate